

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

John Campbell For Congress

ADDRESS (number and street)
▼

4590 Macarthur Boulevard

☐Check if different
than previously
reported. (ACC)

Suite 500

Newport Beach

CA

92660

2028

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00412312

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

CA

48

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kelly Lawler

Signature of Treasurer

Electronically Filed by Kelly Lawler

Date

0 1

2 8

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

John Campbell For Congress

Report Covering the Period:

From:

M M
1 1D D
2 5Y Y Y Y
2 0 0 8

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	1000.00	5200.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1000.00	5200.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	9808.83	31135.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	375.00	1147.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9433.83	29988.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	269444.96	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	4072.58	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
John Campbell For Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1000.00	5200.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals..... ▶	1000.00	5200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1000.00	5200.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	375.00	1147.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	3850.00	3850.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	5225.00	10197.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9808.83	31135.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9808.83	31135.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	274028.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	5225.00
25. SUBTOTAL (add Line 23 and Line 24).....	279253.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9808.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	269444.96

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Michael Capaldi

Mailing Address 10 Drakes Bay Drive

City

Corona Del Mar

State

CA

Zip Code

92625-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spach, Capaldi & Waggaman

Occupation

Attorney

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: A-C9482

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

CompleteCampaigns.com

Mailing Address 3635 Ruffin Road
Floor 3

City	State	Zip Code
San Diego	CA	92123-1880

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	8

Transaction ID: A-O9480

Amount of Each Receipt this Period

375.00

VOID Check Lost in the Mail

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

375.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 13

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Independent Voters League

Mailing Address 2912 Old Bennett Ridge Road

City

Santa Rosa

State

CA

Zip Code

95404-8857

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3850.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: A-M9481

Amount of Each Receipt this Period

3850.00

Refund Cancelled Slate

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3850.00

TOTAL This Period (last page this line number only)

3850.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial) Delux Rent A Car Mailing Address 11101 Hindry Avenue	Transaction ID: B-S-492 Date of Disbursement <div> <div>11</div> <div>25</div> <div>2008</div> </div>
City Los Angeles State CA Zip Code 90045-6223 Purpose of Disbursement Rental Car Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>578.74</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Danica Dawson(11/25/08)
B. Full Name (Last, First, Middle Initial) Enterprise Rent-A-Car Mailing Address 18601 Airport Way City Santa Ana State CA Zip Code 92707-5200 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-494 Date of Disbursement <div> <div>11</div> <div>25</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>418.42</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Brent Hall(11/25/08)
C. Full Name (Last, First, Middle Initial) Gilliard, Blanning & Associates Mailing Address 921 11th Street Suite 400 City Sacramento State CA Zip Code 95814-2882 Purpose of Disbursement Campaign Support Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9464 Date of Disbursement <div> <div>11</div> <div>25</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A. Full Name (Last, First, Middle Initial)
Misc. Expenses Under Threshold

Mailing Address Vendors Total are Under \$200

City State Zip Code
Irvine CA 92616

Purpose of Disbursement

Misc. Campaign Expenses

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-491

Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.58

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Leslie
Duvall(11/25/08)

B. Full Name (Last, First, Middle Initial)
Misc. Expenses Under Threshold

Mailing Address Vendors Total are Under \$200

City State Zip Code
Irvine CA 92616

Purpose of Disbursement

Misc. Campaign Expenses

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-493

Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Danica
Dawson(11/25/08)

C. Full Name (Last, First, Middle Initial)
Misc. Expenses Under Threshold

Mailing Address Vendors Total are Under \$200

City State Zip Code
Irvine CA 92616

Purpose of Disbursement

Misc. Campaign Expenses

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-495

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.68

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Brent
Hall(11/25/08)

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)
Danica Dawson

Mailing Address 821 Capitol Square Place SW

City Washington State DC Zip Code 20024-2443

Purpose of Disbursement
Reimbursement: See Memo

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9467

Date of Disbursement

11 / 25 / 2008

Amount of Each Disbursement this Period

598.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Original vendors exceeding
reporting threshold itemi-
zed as memo transactions.

B.

Full Name (Last, First, Middle Initial)
Brent Hall

Mailing Address 211 10th Street NE

City Washington State DC Zip Code 20002-6213

Purpose of Disbursement
Reimbursement: See Memos

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9466

Date of Disbursement

11 / 25 / 2008

Amount of Each Disbursement this Period

449.10

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Original vendors exceeding
reporting threshold itemi-
zed as memo transactions.

C.

Full Name (Last, First, Middle Initial)
The KAL Group

Mailing Address 976 Pacific Avenue

City Willows State CA Zip Code 95988-9788

Purpose of Disbursement
Bookkeeping

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☐ General
☒ Other (specify) ▼

State: District: G2008

Transaction ID: B-E-9478

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

557.76

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1605.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 13

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Gilliard, Blanning & Associates</p> <hr/> <p>Mailing Address 921 11th Street Suite 400</p> <hr/> <p>City Sacramento State CA Zip Code 95814-2882</p> <hr/> <p>Purpose of Disbursement Reimbursement: See Memo</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-9479</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 5 / 2 0 0 8</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>65.02</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Misc. Expenses Under Threshold</p> <hr/> <p>Mailing Address Vendors Total are Under \$200</p> <hr/> <p>City Irvine State CA Zip Code 92616</p> <hr/> <p>Purpose of Disbursement Misc. Campaign Expense</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-S-498</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 5 / 2 0 0 8</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>65.02</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Gilliard, Blanning & Associates(-12/15/08)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AT&T Wireless</p> <hr/> <p>Mailing Address PO Box 78110</p> <hr/> <p>City Phoenix State AZ Zip Code 85062-8110</p> <hr/> <p>Purpose of Disbursement Cellular Phone</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-9485</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 3 / 2 0 0 8</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>284.54</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

349.56

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

CL7 Communications

Mailing Address 2125 Loma Verde Drive

City
Fullerton

State
CA

Zip Code
92833-1712

Purpose of Disbursement
Fundraiser Retainer

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B-E-9484

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2008

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

9454.66

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 / 13

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
John Campbell For Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capital Strategies DCNature of Debt (Purpose):
Overnight Shipping

Mailing Address PO Box 1605

City State ZIP Code
Alexandria VA 22313-1605

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT9488

Amount Incurred This Period

72.58

Payment This Period

0.00

Outstanding Balance at Close of This Period

72.58

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capital Strategies DCNature of Debt (Purpose):
Fundraising: Fundraising
Commission

Mailing Address PO Box 1605

City State ZIP Code
Alexandria VA 22313-1605

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT9487

Amount Incurred This Period

4000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

1) **SUBTOTALS** This Period This Page (optional).....

4072.58

2) **TOTALS** This Period (last page this line number only).....

4072.58

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

4072.58